

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/07/2016
FORM APPROVED
OMB NO. 0938-0391

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|--|--|--|--|---|--|--|----------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155580 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 06/02/2016 | |
| NAME OF PROVIDER OR SUPPLIER APERION CARE TOLLESTON PARK | | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2350 TAFT ST GARY, IN 46404 | | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETION DATE |
| {F 000} | <p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the Investigation of Complaints IN00197230, IN00197434, IN00198137, and IN00198212 completed on April 26, 2016.</p> <p>This visit was in conjunction with a PSR to the Recertification and State Licensure Survey and the Investigation of Complaint IN00196279 completed on April 4, 2016.</p> <p>Complaint IN00197230 - Corrected.</p> <p>Complaint IN00197434 - Corrected.</p> <p>Complaint IN00198137 - Corrected.</p> <p>Complaint IN00198212 - Corrected.</p> <p>Survey dates: June 2, 2016.</p> <p>Facility number: 008505 Provider number: 155580 AIM number: 200064830</p> <p>Census bed type: SNF/NF: 87 SNF: 7 Total: 94</p> <p>Census payor type: Medicare: 13 Medicaid: 73 Private: 3 Other: 5 Total: 94</p> <p>Aperion Care Tolleston Park was found to be in</p> | | | {F 000} | | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| {F 000} | Continued From page 1 compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1 in regard to the PSR to the Investigation of Complaints IN00197230, N00197434, IN00198137, and IN00198212. Quality review completed by 32883 on 6/6/16. | {F 000} | | | |